MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026078

DEPAR	TME	NTC) F PI	BLIC	C HEALTH AND WELFARE 040 3000 000	70			
DO NOT WRITE AMENDED ON THIS STUB					Registration District NoPrimary Registration District NoRegistrat's NoRegistrat's No				
				-1 -	1. PLACE OF DEATH - AUG 1 3 1962 2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	ence before			
VS 300	ا ما	- 1	1 1		- COUNTY	imission)			
Rev. 4/59	AMENDED				h CITY (if anythin account limite who TOWNICHID who I have a aftern in the III or CITY	side Limits			
	圓	1			OR TOWN CL 7 2 Yes	Mr No □			
1000	₹			I -	St. Joseph D Months Mishville	ide on Farm			
15117	1		lΙ		HOSPITAL OR I ADDRESS				
25110	DAT		Ш	1-	ot. Joseph State Hospital A None	No.Z			
3					3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) OF	Year			
		1]			62			
4 0			1		5. SEX 6. COLOR OR RACE 7. Married N. Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER I YEAR IF	UNDER 24 HR			
5 /	11		1	1	Male White Widowed Divorced 8-12-1892 69 Months Days Ho	urs Min.			
				7	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT	COUNTRY			
6 ≤	!	İ	11		Machinist Foundry Rushyille Missouri U.S.A.				
- - 3				1 -	Machinist Foundry Rushville Missouri U.S.A. 36. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE				
7 0									
8 2 1	1 1		H	Ι-,	William L. Boggs Caroline Navlor Unknown 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. INFORMANT Address				
	?	- 1		i e	Yes, no, or unknown) {(If yes, give war or dates of service)				
9522XF	ا ب	- 1		1 –	(Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I Clarence Little, Rushville, Mo				
10	[]	- 1			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH				
) <u> </u>		\\	ŀ	IMMEDIATE CAUSE (a) Hypostatich: Lateral bronchopneumonia 2 Days				
11	O	- 1	DOCIMEN		A				
1262	ξŒ	- 1	2	1	Conditions, if any, DUE TO (b) Unknown Organism				
12/3-0	INST				which gave rise to above cause (a),				
13/-0			├		stating the under- lying cause last. DUE TO (c)				
	:			ž	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was	female was			
I	1 1	.		18	Generalized and Cerebral arteriosclerosis Cystitis:	ı last 90 days.			
Ě				ပ္ခဲ့	Cerebral Vascular Accident, left, hemisphere No No	☐ Unknown			
N N N N N N N N N N N N N N N N N N N	!			CERTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of its	m 18.)			
ا ا	§			ü	PERFORMED?				
7	!	ľ	11	₹	20c. TIME OF Hour Month, Day, Year				
_ ≥ _ <u>0</u> 4	:			ä	Fell in Hospital June 18				
BLACK INK OR RITER RIBBON				(3)		STATE			
_		1.		17					
고 교	9	`		8					
7 O.E.	READ			1 %	21. I attended the deceased from: 1.50 to 21. 1 attended the deceased fr				
😤	lo, l	Ι.		14	Peath occurred at 1:50 Pa.m on the date stated above, and to the best of my knowledge, from the causes	stated.			
USE PEW	뒪			(X	22a. SIGNATURE (Degree or litle) 22b ADDRESS 1 22c.	DATE SIGNED			
USE BLACK OR TYPEWRITER	SHOULD				1/10 min some that. Whose who the agreet the	a4.			
-					REMOVAL (Specify) 236. DATI 236. DATI 236. LOCATION (City, town, or county) REMOVAL (Specify) Control of the county of the	ا اواوا			
	Ŏ.	1	AFEIDA	•	REMOVAL (Specify) Removal 8-4-1962 Ft. Rosecrans Cemetery San Diego. California.	1467			
1	5			,	Removal 8-4-1962 Ft Rosecrans Cemetery San Diego, California. 4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	-0			
	ITEM		}		1 1/12/2 21 Ph 1 4 Pm Da	lL.			
	-	-	! !"		Sawin-Dyer Mortuary, Atchison, Kansas Cugue 6, 962 Mara Clarge Maralet				

DID STONE ST

STATEMENT BY LICENSED EMBALMER

ar by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed
• • • • • • • • • • • • • • • • • • • •	P. O. Address Chromy Kan.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.